

VISAYAS STATE UNIVERSITY

Visca, Baybay City, Leyte

TRAVEL REQUEST / ORDER

(For Faculty)

Oct. 4, 2024 Date

Name :	Lemuel	S. Preciados	Mau
Designation :	Assoc. Prof. IV Signature		
Destination :	Quezon City		
Date of Travel	November 6-9,	2024	-
Purpose :	To attend and present a paper during the		
	PES 62nd An	nual Meeting and	Conferenc
Total Expenses: Source of Funds Transportation:	ACIA [] University V [x] Public Conv		
Noted/Verified	ZYR	A MAY A. CENTIN	O ervisor
RECOMMENDING	G APPROVAL:		
	L	LIAN B. NUNEZ	
		College Dean	
		ids (If other than th	ne e
SANTIAGO 1 VP for Res. and Inno	Extension	ROTACIO S. GR Vice Pres. Academ	
APPROVED:			
		IVY G. YEPES resident	

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CHECKLIST OF DOCUMENTS TO SUPPORT REQUEST TO GO ON TRAVEL (please check):

Medical Clearance from the VSU Infirmary that the
employee have no symptoms of Covid 19
Invitation from the organizer of the activity/conference, meeting (if applicable)
Certification from the organizer that social distancing
and other health/hygiene protocols against Covid 19 will be observed for the duration of the activity (if applicable)
Quarantine passes issued by the destination LGU
and if possible, together with passes from LGUs
enroute to the destination
Strong justification from the requesting party duly
endorsed by the immediate supervisor on the
necessity and urgency of the trip and commitment
of the requesting party to religiously comply with
health/hygiene protocols during the trip
Waiver from the employee concerned that he/she is
willing to undergo self quarantine for 14 days.
while he/she will be on work from home scheme
Approved list of outputs between supervisor and
employee to be delivered/accomplished during his/her
14 days work from home scheme
Clearance issued by the Nurse on duty 30 minutes
prior to travel should be submitted to the guard on
duty before allowing vehicle to go out of campus
Certified Correct:
Name of Transition Facility
Name of Travelling Employee
Noted/verified except Clearance from Nurse
The state of the s
Noted/verified except Clearance from Nurse:

Name of Office Head/Supervisor